

ABILITIES REVIEW WORKSHEET

Name: _____ Date: _____

1. Talents/Hobbies: We are eager to know what abilities you bring to the body of Christ. Check all of the following that fit you. Please add any of your talents/hobbies that are not listed. Circle the ones you like best.

- | | |
|--|---|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Information Systems |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Artistic Painting | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Library Skills |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Lighting/Electrical |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Musical Instrument |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Planning/Problem Solving |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Playing Athletics |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Plumbing/Heating |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Printing/Layout |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Floral Arrangements | <input type="checkbox"/> Typing/Secretarial |
| <input type="checkbox"/> Gardening/Grounds keeping | <input type="checkbox"/> Water Activities |
| <input type="checkbox"/> Giving Speeches | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Office Skills | <input type="checkbox"/> Working With Handicapped |
| <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Interior Decorating | <input type="checkbox"/> Other: |

2. Traits: Please list two of your strongest traits or characteristics

- A.
- B.

When form is complete, please transfer responses to Member Profile Sheet